



HPF REIMBURSEMENT REQUEST  
State Form 50866 (R4 / 4-06)

## REIMBURSEMENT REQUEST

## HPF

Indiana Department of Natural Resources  
Division of Historic Preservation and Archaeology

Subgrantee: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Grant #: \_\_\_\_\_  
Federal ID #: \_\_\_\_\_

Total Grant Amount: \_\_\_\_\_  
Total of Previous Claims: \_\_\_\_\_  
Total for This Claim: \_\_\_\_\_  
Grant Funds Remaining: \_\_\_\_\_

CLAIM #	Total of Previous Claims	Total for This Claim
<input type="checkbox"/> Personnel		
<input type="checkbox"/> Fringe Benefits		
<input type="checkbox"/> Travel		
<input type="checkbox"/> Supplies		
<input type="checkbox"/> Design Fees		
<input type="checkbox"/> Advertisement		
<input type="checkbox"/> Construction / Contractual		
<input type="checkbox"/>		
Total Costs		
Funding Level (50% or 70%)	%	%
Reimbursement Requested		

This claim prepared and submitted by:

\_\_\_\_\_  
Signature -- Agent of Sponsoring Organization

\_\_\_\_\_  
Date

Based on my knowledge of this project, I certify that the project costs listed on this form are adequately documented, and I believe that these costs are reasonable and appropriate for the work completed to date.

\_\_\_\_\_  
Signature -- DHPA Program Area Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature -- DHPA Grants Staff

\_\_\_\_\_  
Date

Mail to: Grants Section  
Division of Historic Preservation and Archaeology  
402 West Washington Street, Room W274  
Indianapolis, IN 46204

For Office Use Only:  
☐ Spread Sheet  
☐ Claim Voucher